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CONFIRMATION NO. 8943

<b>SERIAL NUMBER</b> 10/620,915	<b>FILING OR 371(c) DATE</b> 07/17/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1609	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Andrea Lynn Peticca, Miami, FL; <b>** CONTINUING DATA *****</b> none HLA <b>** FOREIGN APPLICATIONS *****</b> none HLA <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED**</b> SMALL ENTITY ** ** 09/09/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Heather L. Anderson</i> HLA Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 3
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> Andrea Lynn Peticca PMB #309 850 Ives Dairy Road Miami, FL33179				
<b>TITLE</b> Novel multi-component garlic food supplement				
<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	